CR ConsumerReports®

APRIL 2024
VOLUME 36 ISSUE 4

On Health

The Truth About What's Good for You

HANDLING HEALTH EMERGENCIES

ER or urgent care? Which is best. PAGE 4

Important News About Olive Oil PAGE 8

Light It Up! Seeing Better at Home PAGE 11

SLEEP APNEA: BREATHE EASIER (AND SNORE LESS) PAGE 10

QUICK FIXES FOR CONSTIPATION
PAGE 6

The Way to Get Rid of Belly Fat

PAGE 9

PLUS • **The Food Additive to Avoid** Page 2 • **Live Longer With Hearing Aids** Page 3 • **Are Potatoes Healthy?** Page 12

ConsumerReports®

On Health

President and CEO Marta L. Tellado

Editorial Director, Print Ellen Kunes
Deputy Editor, Print Diane Umansky
Content Development Team Leader, Health & Food Lauren F. Friedman
Deputy Content Editor Trisha Calvo
Senior Multimedia Content Creator, Health Kevin Loria
Multimedia Content Creator, Health Catherine Roberts
Contributing Writers Jenny Cook, Sari Harrar, Janet Lee, Hallie Levine
Director, Food Policy Brian Ronholm
Copy Editing Leslie Monthan, Copy Chief; Noreen Browne, Alison France, Wendy Greenfield
Fact Checking & Research Tracy Anderman, Manager; Joy Crane, Sarah Goralski, Christine Gordon, Lucy Huang, Karen Jacob
Design Director Mike Smith
Manager, Design Ewelina Mrowiec
Art Director Tammy Morton Fernandez
Visual Editor Emilie Harjes
Photographers Scott Meadows, John Powers
Imaging Specialist Frank Collado
Planning & Production Eric Norlander, Manager; Letitia Hughes, Terri Kazin

Consumer Reports On Health is published by Consumer Reports, a nonprofit, independent organization providing information and advice on goods, services, health, and personal finance. CR's income comes from the sale of its publications and from services, fees, and noncommercial contributions and grants. No CR publication accepts outside advertising or is beholden to any commercial interest.

Violations of CR's No Commercial Use Policy Our ratings and reports may not be used in advertising. No other commercial use, including any use on the internet, is permitted without our express written permission.

Consumer Reports On Health (ISSN 1058-0832) is published monthly by Consumer Reports, 101 Truman Ave., Yonkers, NY 10703. Periodicals postage paid at Yonkers, N.Y., and at other mailing offices. Canadian postage at Mississauga, Ontario (Cdn pub acct #2665247; agreement #40015148). Canada Post, please return all undeliverable copies to: Consumer Reports On Health, P.O. Box 481, STN MAIN, Markham, ON L3P 0C4. The title Consumer Reports On Health is a trademark belonging to Consumer Reports. Contents of this issue copyright © 2024 by Consumer Reports. All rights reserved under international and Pan-American copyright conventions. Printed in USA.

Back Issues Single copies are available for $3 each ($5 each in Canada, includes Goods and Services Tax) from Consumer Reports On Health, 101 Truman Ave., Yonkers, NY 10703.

Account Service or Change of Address Send address changes to Consumer Reports On Health, Box 5385, Harlan, IA 51593-0885. If the post office alerts us that your newsletters are undeliverable, we have no obligation to fulfill your newsletters unless we receive a corrected address within two years. Phone orders and newsletter problems: 800-333-0663.

Mailing Lists We exchange or rent our print postal mailing list so that it can be provided to other publications, companies, and nonprofit organizations that offer products or services through direct mail. If you wish to have your name deleted from our list, please send your address label with a request for deletion from outside use to Consumer Reports, P.O. Box 2109, Harlan, IA 51593-0298, or you can go to **CR.org** and click on "Do Not Sell My Personal Information" at the bottom of the page. We do not exchange or rent email addresses.

Privacy Policy You can review our complete privacy policy regarding Consumer Reports information products, services, programs, and advocacy activities at **CR.org/privacy**.

POSTMASTER Send all UAA to CFS (see DMM 507.1.5.2).

NON-POSTAL AND MILITARY FACILITIES Send address corrections to Consumer Reports On Health, Box 5385, Harlan, IA 51593-0885.

CR™ **PLEASE REMEMBER CONSUMER REPORTS IN YOUR WILL.** Your gift will help inform, empower, and protect consumers for generations to come. For more information, including sample language, please call **877-275-3425** or email **legacy@consumer.org**.

For **just $26 receive 12 issues** of Consumer Reports On Health. Go to **CR.org/cronhealth** today.

CONSUMER REPORTS IN ACTION

A Food Additive to Avoid

Skip sodas that contain this troubling ingredient

BROMINATED VEGETABLE OIL, or BVO, has been used as a food additive in the U.S. since the 1920s—to keep the fruit flavorings in some citrus sodas and other drinks from floating to the top. The substance is banned in Europe, as well as in countries including Japan, Australia, New Zealand, and India.

CR's experts say it should be taken out of circulation here as well. "Peer-reviewed studies have linked BVO to heart, liver, and thyroid problems, as well as neurological, behavioral, developmental, and reproductive issues," says Brian Ronholm, director of food policy at CR. "Of the chemicals allowed in food today, BVO ranks among the worst in terms of toxicity."

Last October, California passed a law prohibiting BVO, along with potassium bromate, propylparaben, and Red Dye No. 3, in products made or sold in the state. This goes into effect in 2027. And in November, the Food and Drug Administration proposed revoking the regulation that allows BVO to be used as a food additive in the U.S.

"It's important to know that many beverage makers have already replaced BVO with an alternative ingredient," Ronholm says. (According to an Environmental Working Group database, BVO is still in more than 70 beverages.)

Can you avoid it? As we await a final decision by the FDA, you can check ingredients lists to see whether the substance is in a product you're considering buying. "A general rule is to avoid private-label and store-brand sodas because there's a higher likelihood that those products contain BVO," Ronholm says. See **CR.org/badadditives** for more on BVO and other additives.

THIS MONTH'S EXPERTS

We contact health authorities and medical researchers from across the country. Here are some of the experts we consulted this month:

Kevin Biese, MD, director, division of geriatric emergency medicine, University of North Carolina School of Medicine, Chapel Hill.

Carolyn Bramante, MD, assistant professor of medicine, University of Minnesota Medical School, Minneapolis.

Reezwana Chowdhury, MD, assistant professor of medicine, Johns Hopkins Medicine, Lutherville, Md.

Matthew Fuglestad, MD, assistant professor of surgery, division of colon and rectal surgery, University of Nebraska Medical Center, Omaha.

Terry Fulmer, RN, PhD, president, John A. Hartford Foundation, New York City.

Cameron Gettel, MD, assistant professor of emergency medicine, Yale School of Medicine, New Haven, Conn.

Ian Neeland, MD, director of cardiovascular prevention, University Hospitals Harrington Heart & Vascular Institute, Westlake, Ohio.

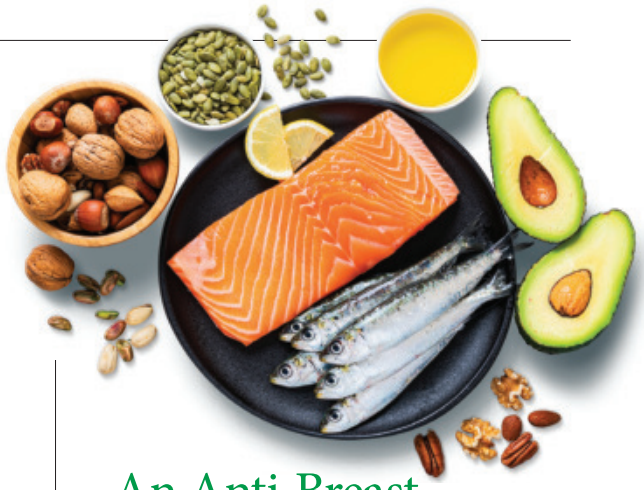
Mark Pimentel, MD, professor of medicine, Cedars-Sinai Medical Center, Los Angeles.

Saket Saxena, MD, co-director, geriatric emergency department, Cleveland Clinic.

Richard Schwab, MD, chief, division of sleep medicine, University of Pennsylvania Perelman School of Medicine, Philadelphia.

PHOTOS, COVER, CLOCKWISE FROM TOP LEFT: GETTY IMAGES (3); ADOBE STOCK. PHOTO, THIS PAGE: ADOBE STOCK

Health Wire



An Anti-Breast-Cancer Diet?

We know diet can play a role in some cancers. In one recent study, breast cancer survivors who closely followed the Mediterranean diet (which is rich in produce, whole grains, healthy fats, beans, and nuts) were 41 percent less likely to see their cancer recur over five years than those who didn't stick to the eating strategy.

Source: Clinical Cancer Research, Nov. 10, 2023.

Friends and Memory

Seeing friends and being physically active helped slow thinning of the brain area where Alzheimer's disease likely begins–according to a study that tracked older adults for seven years. The most active study participants fit in movement and/or contact with friends and family several times a week.

Source: NeuroImage, Dec. 15, 2023.

HOW SLEEP MAY BOOST MOOD

Getting 1 to 2 hours less sleep than needed hiked anxiety and depression, and reduced feelings of happiness, in a review of 154 studies involving 5,717 people. The researchers say it's important to focus on getting sufficient slumber, which is about 7 to 8 hours a night.

Source: Psychological Bulletin, Dec. 21, 2023.

Hearing Aids for a Longer Life

People with hearing loss who wore hearing aids consistently were 24 percent less likely to die over 10 years than those who wore the devices some of the time or not at all, a study finds. Regular hearing aid users lived longer than others regardless of age, degree of hearing loss, income, weight, or medical history. The researchers say untreated hearing loss may increase isolation and frailty, and make it harder to communicate with healthcare practitioners.

Source: The Lancet Healthy Longevity, Jan. 15, 2024.

GOOD NEWS ON COLON CANCER

Colorectal (or colon) cancer screening cuts the 10-year risk of the cancer by 50 percent, says an analysis of studies. Previous research found it cut the risk by just 25 percent. For screening info, go to cdc.gov/cancer and search for "colorectal cancer."

Source: Proceedings of the National Academy of Sciences, Dec. 15, 2023.

Diabetes and the Way You Walk

How fast do you walk? Walking at 2 to 3 miles an hour (which is considered an average pace) could reduce the risk of type 2 diabetes by 15 percent, instead of strolling slowly, according to a review of 10 studies. Walking even more briskly lowered the odds by 24 percent.

Source: British Journal of Sports Medicine, Nov. 28, 2023.

PHOTOS: GETTY IMAGES (4)

When You Need Care Fast

Doctor's office, urgent care, ER, or dial 911? How to choose.

MILD DISCOMFORT IN your chest in the very early hours of the morning. A high fever that hits on Saturday morning and doesn't respond to over-the-counter pain relievers. A fall that's left you a bit dizzy. In such situations, should you call your doctor's practice, visit a nearby urgent care clinic, or get to an emergency room?

Sometimes it can be hard to tell. And "going to the ER can be time-consuming and stressful," says Kevin Biese, MD, director of the division of geriatric emergency medicine at the University of North Carolina School of Medicine in Chapel Hill. But it's always better to be safe than sorry, he adds. The expert advice here can guide you on the steps to take in a number of key situations.

Call 911 Immediately

For some problems, you want to get to an ER as fast as possible and by ambulance, according to Biese. "If you call an ambulance, they can begin lifesaving care while you're on the way to the emergency room," he says. Plus, the emergency medical technicians in the ambulance can communicate with the hospital, so staff can be ready for you when you arrive. In some cases, EMTs can help determine where to take you for the best care. For instance, if they suspect a stroke, they'll take you to the nearest specialized stroke center. That's because it's important to receive clot-busting drugs within 1 to 3 hours after a stroke, according to the Centers for Disease Control and Prevention. (In some cases, it may be up to 4.5 hours.) Below are some examples of when to call 911 right away.

- **Chest pain.**
- **Shortness of breath** (feeling breathless, gasping for air, or, in severe cases, feeling as if you're suffocating).
- **Facial drooping on one side.** This means that if you try to smile, it will be lopsided, according to Biese.
- **Arm weakness on one side.** If you raise both arms, one drifts downward.
- **Speech difficulty.** You're unable to speak, or speech is slurred and unclear.
- **A head injury followed by confusion, fainting, or falling unconscious.**
- **Choking or a breathing stoppage.**
- **A spine or neck injury.**
- **A severe burn.**
- **A seizure.**
- **An electric shock or being struck by lightning.**

When an ER Is Best

In the instances below, going to an emergency department is usually the right step. "Either have someone drive you or call 911," says Saket Saxena, MD, co-director of the geriatric emergency department at the Cleveland Clinic. You may also want to make your doctor's office aware. Act if you have:

- **Respiratory symptoms** (such as coughing, a runny nose, or throat pain) plus a shortness of breath. This could be a sign that you're low on oxygen or you're developing complications such as pneumonia, says Cameron Gettel, MD, an assistant professor of emergency medicine at the Yale School of Medicine in New Haven.
- **Hit your head in a fall** but are alert and/or think you may have broken a bone. (If you use blood-thinning meds, consider going to an ER after even a minor fall.) You'll need to be evaluated for a concussion and internal bleeding, Biese says. If X-rays reveal a broken bone, timely care will ease pain and can

prevent complications like permanent muscle damage.

› **A deep cut that doesn't stop bleeding after 10 minutes.** While an urgent care clinic may be able to take care of a minor cut, a deep gash that may require stitches is best handled at an ER, Gettel says.

› **Sudden, intense vomiting that lasts for more than an hour or two.** You may need IV fluids. In addition, such vomiting can indicate a life-threatening condition, such as an intestinal blockage.

Seek a Same-Day Doctor's Visit

In most other less obviously urgent–but uncomfortable–situations, such as a painful pulled muscle, first call your doctor's office. Many primary care practices set aside time for people who need to be seen the same day, Saxena says. If your regular doctor or another physician in the practice isn't available, ask to see an advanced practice provider, such as a nurse practitioner or physician assistant, says Terry Fulmer, RN, PhD, president of the John A. Hartford Foundation in New York City, which is dedicated to improving healthcare for older adults. They will have quick access to your medical records and may already be familiar with you.

If your provider's practice is completely booked but is affiliated with a nearby medical center, check the center's website to see whether it offers same-day appointments with other doctors in its system. Or consider looking for an opening with another local doctor on Zocdoc, Fulmer says. The online service searches for appointment slots filtering by medical specialty, location, and insurance plan. "A lot of physician practices use it because it's a way to fill last-minute cancellations," she says.

If you call 911, ambulance staff can begin lifesaving care while you're on your way to an ER and communicate with the hospital so it's ready for you.

On evenings and weekends, Saxena suggests phoning your doctor's practice. There's usually a provider on call who can advise you on whether you can wait to be seen when the practice reopens or if you need to go to an urgent care clinic or emergency room.

Consider Urgent Care If ...

For illnesses and injuries that don't have the potential to be life-threatening, urgent care clinics–which are often open in the evenings and on weekends–might be an option. "If you tripped and think you sprained your ankle, and it's after normal business hours, it makes sense to head to the urgent care clinic for an X-ray to make sure, and to get bandaged up," Gettel says. The clinic can also, for instance, test you for the flu and COVID-19, check your heart rate and blood pressure, listen to your lungs, and, if you're experiencing painful urination, check your urine and prescribe antibiotics if you have a urinary tract infection.

Urgent care facilities are usually run by doctors, nurse practitioners, or physician assistants. "That's different from an emergency room, which is staffed with board-certified emergency medicine physicians," Biese says. "As a result, there may be a difference in experience and skill set."

They're best if your symptoms are straightforward. "Most urgent care centers don't have the wide array of tests needed to try to figure a more complex situation out," Biese says. And people with serious chronic health conditions, like heart failure, should probably go an ER outside of their doctor's office hours.

Another get-seen-fast possibility for simpler problems: pharmacy walk-in clinics at major retailers such as CVS, Target, Walgreens, and Walmart, which may be open in the evenings and on weekends. These are a good option for ailments like strep throat, ear infections, and UTIs, Fulmer says. They can also treat minor sprains, cuts that don't require stitches, and rashes caused by poison ivy.

They're usually staffed by nurse practitioners, and because there's a pharmacy, too, you can often get prescriptions filled at the same time. In some, like the MinuteClinics in CVS stores, staff have been trained to flag inappropriate medications in your record and send your primary care provider a summary of your visit and any recommended follow-up.

LEARN

For info on what to do if you witness a medical emergency, go to CR.org/bystanderhelp.

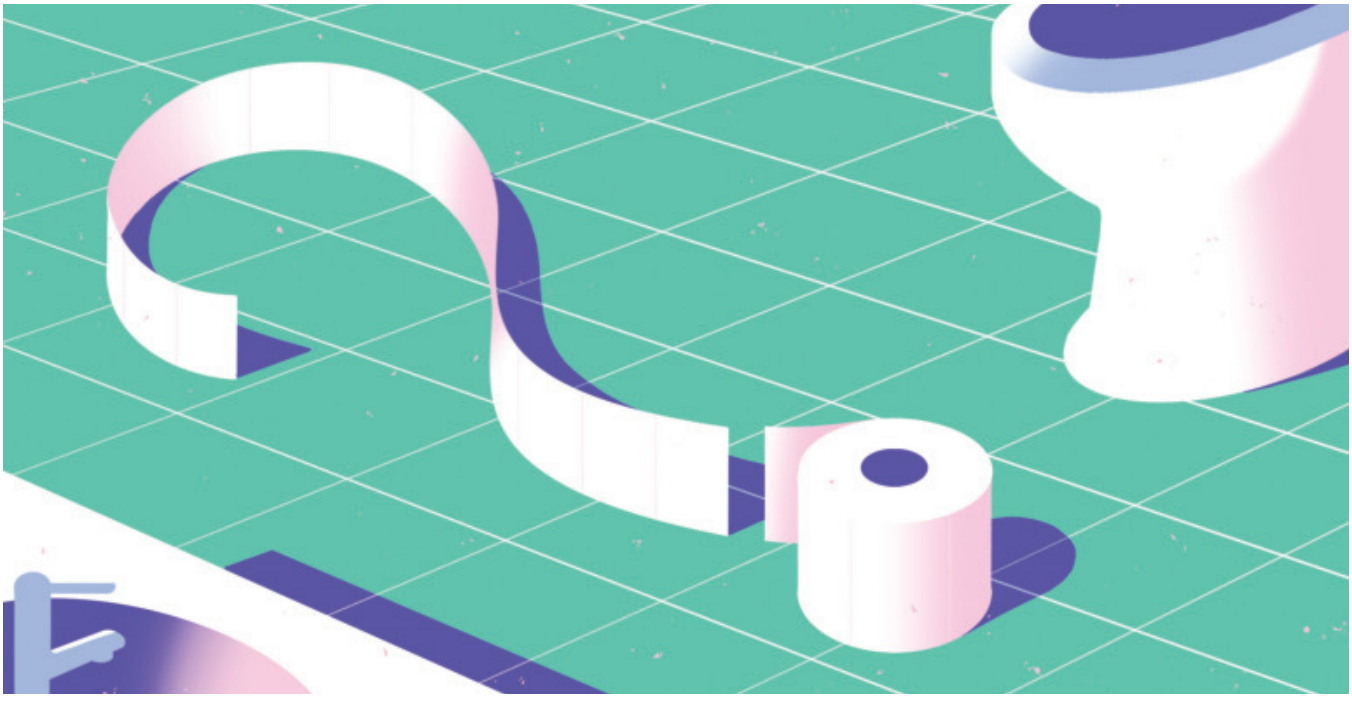
CAN A VIRTUAL VISIT HELP?

Telehealth, where you "see" a healthcare provider on your computer, tablet, or smartphone, can help if you need same-day care but aren't sure where to turn.

"You can talk to someone who can gauge whether you need to be seen in person [which may mean an emergency room]" says Terry Fulmer, RN, PhD, "or if they can just call in a prescription for you and wait 24 hours."

If your doctor's office can't do a virtual appointment, ask if it's part of a medical center with on-demand video care. With some programs—best for conditions that are clearly not emergencies—you can fill out a form with your symptoms and a doctor will get back to you within an hour. Some health insurers have similar services.

PHOTOS, FROM LEFT: GETTY IMAGES (3); SHUTTERSTOCK



A Guide to Staying Regular

The foods, exercises, and meds that can make 'going' easier

Pooping is something everyone does, but few talk about. But as you age, you may experience changes in your bowel habits that may concern you. "If something changes one month to another, it can sometimes be a sign of problems that are not part of natural aging," says gastroenterologist Mark Pimentel, MD, professor of medicine at Cedars-Sinai Medical Center in Los Angeles.

What's Normal, What's Not?

Take a peep after you poop. The shape and color of your bowel movements can tell you a lot about how your digestive system is working and your health. Everyone is different, so knowing what's normal and what's typical for you can help you spot the signals that you need to alter your diet or check in with your doctor.

A loglike or snakelike shape that's easy to pass is ideal, says Matthew Fuglestad, MD, assistant professor of surgery in the division of colon and rectal surgery at the University of Nebraska Medical Center in Omaha. It can look dry and slightly cracked, or smooth and soft, and it's okay if it comes out in a few pieces.

If your stool looks like individual pebbles or a log made up of pebbles, you may be constipated, especially if you have trouble passing it. Pencil-thin stools once in a while are normal but may be a sign of constipation or a bowel blockage if they occur frequently. Blob-like shapes may indicate that you aren't eating enough fiber to firm things up, while fluffy pieces or watery stool means you may have diarrhea. It could be from something you ate, but if your stool is frequently fluffy or watery, see your doctor.

Light brown to dark brown stool is a sign that everything is normal. Differences in color can depend on what you've eaten but can also be a sign of a problem. For example, beets, cranberries, and tomatoes can turn stool red, and black stool can be the result of taking iron supplements or medications with bismuth (the active ingredient in Pepto Bismol). But both red and black, tarry stools can be a sign of bleeding in the digestive tract.

Occasional changes in color or texture are typically nothing to worry about, but if they persist, or if they're accompanied by unintended weight loss or rectal bleeding, see a doctor at once to rule out colon cancer or another problem.

Cures for Constipation

Constipation is a common problem in older adults–1 in 3 people over age 60 experience it. For some, its an occasional nuisance, but many suffer from chronic constipation.

Temporary shifts in your lifestyle, such as travel, variations in your diet, or physical activity (say, if an injury has kept

ILLUSTRATIONS: CHIARA GHIGLIAZZA

you off your feet), can trigger constipation. But aging itself can lead to bowel muscle changes that slow down the passage of stool or blunt the urge to empty the bowel. And some medications that older adults commonly take—for example, opiates, certain antidepressants, and blood pressure meds like calcium channel blockers—can also be a cause. (It may not be possible to alter your meds, but there are probably other ways to relieve your symptoms.)

Temporary constipation will usually resolve on its own once you get back into your routine. But if you're often constipated, it's important to address it. Constipation doesn't just cause discomfort—it can also signal a more serious concern. For example, it could be caused by a thyroid problem. And a 2023 Nature Scientific Reports study involving 541,000 people ages 60 and older found that constipation was linked with a 96 percent higher risk of hypertension and a 58 percent increased risk of heart attack and other cardiovascular events.

Constipation isn't always about how often you go—typical regularity ranges from once every three days to as many as three times a day. More reliable signs include frequent hard or lumpy stools, straining to go and spending more than 5 minutes on the commode, and not feeling emptied after you have a bowel movement, says Reezwana Chowdhury, MD, an assistant professor of medicine at Johns Hopkins Medicine in Lutherville, Md. In those cases, try these strategies:

› **Keep a targeted food log.** Fuglestad recommends noting which foods exacerbate your symptoms. In some cases, something as simple as eliminating or limiting a food can be really beneficial, he says. For example, constipation can be a symptom of lactose intolerance (though diarrhea is a more common reaction).

› **Check your fiber intake.** Most of us don't get the daily value for fiber, which is 28 grams. (A small pear or medium sweet potato has about 4 grams, a slice of whole-wheat bread has 2 grams, and a cup of lentil soup has 8 grams.) Increasing your intake can bulk up and soften stool, helping to move it along and out. To avoid overwhelming your GI tract, gradually over a few weeks add more fruits, vegetables, nuts, seeds, whole grains, and beans and lentils, being sure to drink plenty of water as well.

However, fiber isn't always the answer, Pimentel warns. If you're straining a lot or if your constipation is medication-related, increasing fiber can produce gas and bloating without moving stool, making you more uncomfortable.

› **Stay hydrated.** "The amount of water you take in is very important in terms of having soft, well-formed bowel movements," Chowdhury says. Not all of it needs to come from drinking water, though. Other beverages count. Plus, fruits and vegetables have water, so in addition to providing fiber, they can help keep you hydrated.

› **Try these foods.** Prunes contain sorbitol, a natural sweetener that has a laxative effect. Kiwifruit may help boost healthy gut bacteria, which can speed up stool transit time. For the same reason, kefir, a fermented drink, and yogurt may also help improve symptoms.

› **Move more.** Exercise is thought to help speed the rate of stool's passage through the gut. Any kind of moderate exercise is beneficial, Pimentel says.

› **Use laxatives the right way.** When lifestyle changes aren't enough to relieve constipation, you can try a laxative. Fiber supplements (i.e., Metamucil or Citrucel) are a good option. They can help soften and bulk up your stools safely. (If you're often constipated, you may be able to use it indefinitely; check with your doctor.) You can expect results in 12 to 72 hours; if not, try an osmotic laxative, which attracts water into the intestines. It usually causes a bowel movement in two to four days. One of the most effective and least likely to cause cramping and gas is polyethylene glycol, or PEG (MiraLax).

If these steps don't help, see your doctor. Not only are there a slew of prescription medicines, Chowdhury says, but tests can be done to pinpoint your specific issue, so you can get things moving comfortably again.

SHOULD YOU TRY A TOILET STOOL?

Toilet stools, like the Squatty Potty, are designed to help improve your pooping posture by mimicking a squatting position. Squatting makes perfect sense, given human anatomy. When you're standing or sitting, the rectum, or lower part of the colon, is at a right angle to the anus. For stool to pass, that angle has to be reduced so that it forms a straight line. You do that to some extent when you sit on the toilet to have a bowel movement by automatically relaxing certain pelvic muscles. But "the ideal position to make that 90-degree angle go to zero is squatting," says Mark Pimentel, MD, of Cedars-Sinai Medical Center, so putting your feet on a stool that lifts your knees above your hips can make it easier to do your business.

LEARN

For more on a healthy digestive system, go to CR.org/digestiveproblems.

Important News About Olive Oil

Some are better for you than others

YOU'VE PROBABLY HEARD of the Mediterranean diet and all the health advantages it provides. While this diet focuses on fruits, vegetables, beans, whole grains, and nuts, it's olive oil that often gets the credit for its positive effect on the heart, diabetes risk, and weight.

But just how beneficial is olive oil? Are the different types equally healthy? And is it better for you than other oils? We dug into the research to find out.

Heart Health and More

Research links olive oil to lower blood pressure, LDL ("bad" cholesterol), and inflammation; increased HDL ("good") cholesterol; and a reduced risk of type 2 diabetes and cognitive decline.

You don't need to consume a lot. A 2022 study in the Journal of the American College of Cardiology involving about 92,000 people found that consuming a bit more than 1½ teaspoons daily reduced the risk of dying early from any cause by 19 percent compared with consuming less.

The Power of Extra Virgin

Both "extra virgin" and just plain "olive oil" are high in monounsaturated fats, which are especially good for the heart.

But EVOO has more than 200 antioxidants, including polyphenols that research suggests are responsible for much of the oil's positive effects (and its signature flavor).

EVOO isn't produced with heat or chemicals to extract the oil. Regular olive oil, however, is. As a result, it has almost no polyphenols and doesn't boost health in the same way, says Mary M. Flynn, PhD, an olive oil expert and associate professor of medicine at The Miriam Hospital in Providence, R.I. For example, a 2022 study in the European Journal of Clinical Nutrition found that people who ate 2 tablespoons of EVOO—but not regular olive oil—a day were 57 percent less likely to die from cardiovascular disease compared with those who ate none.

EVOO vs. Other Vegetable Oils

Some studies have suggested that EVOO has an edge over other cooking oils. For example, in a 2019 study in the journal Foods, people over age 70 who used only olive oil in food prep and cooking had higher scores on a scale of successful aging attributes than those who used none and those who used olive oil and other fats.

But the superiority of EVOO isn't definitive. "I'm not aware of any strong data to indicate that olive oil is any better than other mostly unsaturated oils," says Alice Lichtenstein, DSc, senior scientist at the Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University in Boston. A lot of the research on olive oil has been in studies that examined the diets of large groups of people and tracked health outcomes over time. But, Lichtenstein says, while such observational studies are important, they can show only associations, not cause and effect.

"Other parts of the Mediterranean diet likely also contribute to the health benefits ascribed specifically to olive oil," Lichtenstein says. And other plant oils can also be healthful. Soybean and canola oils, which are mostly unsaturated, for example, are good sources of alpha-linolenic acid, the plant form of omega-3s, which may protect against heart disease; olive oil has almost none.

What has been established: Replacing saturated fats, like butter or coconut oil, with unsaturated fats in our diets is healthier. So, Lichtenstein says, olive oil is a good choice, but you can use whatever plant oil you like.

TOPS IN OUR TESTS

In CR's tests of 26 extra virgin olive oils, we found several that met our experts' criteria for a high-quality product. Here are our three top picks.

BEST OVERALL

Lucini Italia Premium Select Extra Virgin Olive Oil

$27 for 25.4 fl. oz.

$1.06 per oz.

RUNNER-UP

Wonder Valley Olive Oil

$36 for 12.7 fl. oz.

$2.83 per oz.

BARGAIN BUY

Specially Selected (Aldi) Sicilian Extra Virgin Olive Oil

$8.50 for 16.9 fl. oz.

50¢ per oz.

PHOTOS, FROM TOP: GETTY IMAGES; CONSUMER REPORTS (3)

How to Get Rid of Belly Fat

A large waist can pose health risks. Here are easy ways to shrink it.

YOUR DOCTOR MAY check your blood pressure and weight at each visit, but there's one metric they're probably not measuring: your waist circumference.

Doing so, however, could alert your doctor and you to the presence of what's called visceral fat, which accumulates deep in the abdomen, unlike the subcutaneous fat right under the skin. And while maintaining a normal weight is important for many reasons, this fat carries particular risks.

"Visceral fat plays a pivotal role in the development of cardiometabolic diseases, whether it's atherosclerosis, heart failure, obstructive sleep apnea, diabetes, or obesity-related complications," says Ian Neeland, MD, director of cardiovascular prevention at University Hospitals Harrington Heart & Vascular Institute in Westlake, Ohio.

Even people who aren't overweight can have excess visceral fat. In women, age-related hormone changes can cause more fat to be deposited in the midsection, according to Neeland, and genetics may direct your body to accumulate fat in the belly rather than in other places.

In addition, research has found that chronic stress can increase levels of the hormone cortisol, which is linked to more fat around your organs, says Carolyn Bramante, MD, an assistant professor of medicine at the University of Minnesota Medical School in Minneapolis.

PHOTO: GETTY IMAGES

Do You Have a Problem?

The number on the scale won't tell you if you have visceral fat. Imaging tests such as MRIs can pinpoint it, but they're primarily used for this purpose in research. Measuring waist circumference—with a tape measure around the midsection just above the hip bones—is a practical method, though not perfectly accurate. A waist larger than 40 inches (for men) or 35 inches (for nonpregnant women) may signal visceral fat.

And because high levels of triglycerides (a type of fat in the blood) are also linked to visceral fat, if you have a large waist and high triglycerides, it's probably wise to make an effort to reduce belly fat. That's especially true if you have other heart disease risk factors, such as high blood pressure, high blood glucose, or a family history of heart disease.

The Right Diet and Exercise

The best strategy, no matter your weight, is—no surprise—exercise and a healthy diet. In terms of physical activity, a 2016 analysis of 117 studies, published in Obesity Reviews, found that moderate to vigorous aerobic exercise was more effective at decreasing abdominal fat than a low-calorie diet alone. A 5 percent reduction in weight brought a 21 percent drop in visceral fat.

In addition to aerobic exercises like brisk walking, resistance training is particularly important for older adults, who may be losing muscle or may be relatively lean except around the middle. "A combination of the two can improve body composition," Neeland says. Activity guidelines recommend at least 150 minutes of moderate aerobic exercise weekly and two to three weekly strength-training sessions targeting the entire body. (Get more on strength training at silversneakers.com/blog/strength-training-for-seniors/.)

A heart-healthy diet, one that's rich in produce, whole grains, beans, nuts, fiber, and omega-3 fatty acids (in fatty fish, walnuts, flax, and chia seeds) rather than the saturated fat in full-fat dairy and red meat, can help with belly fat and triglycerides, according to Neeland.

Other Lifestyle Steps to Take

Managing stress and getting adequate sleep are key for minimizing weight gain in general, Bramante says. A small study published in 2022 in the Journal of the American College of Cardiology found that people who had their sleep restricted to 4 hours a night consumed about 300 more calories a day and gained more visceral fat than those who had a normal amount of sleep.

Smoking may also contribute to the problem. A study that was published in 2020 in PLOS Medicine found that smokers had more abdominal fat than those who never smoked.

As for alcohol, a 2019 study in the Journal of Epidemiology found that greater consumption was linked to a larger amount of visceral fat.

LEARN

For more on how to lose weight, go to CR.org/safeweightloss.

Breathe Easier (and Snore Less)

The most effective sleep apnea treatments

WHEN YOU HAVE obstructive sleep apnea, addressing it is key. Left untreated, OSA is linked to daytime sleepiness and an increased risk of anxiety, diabetes, hypertension, and stroke.

With OSA, your breathing pauses during sleep because something blocks your airway, like your tongue or relaxed throat muscles, explains Richard Schwab, MD, chief of the division of sleep medicine at the University of Pennsylvania Perelman School of Medicine in Philadelphia. Losing weight, quitting smoking, and limiting alcohol can all help ease OSA symptoms such as snoring, says Ana Krieger, MD, medical director of the Center for Sleep Medicine at Weill Cornell Medicine in New York City.

Its severity is determined by something called your apnea-hypopnea index (AHI): the number of times per hour you fully or partially stop breathing for 10 seconds or more. The primary treatment for people with moderate (15 to 29 AHI) or severe (30 AHI and higher) OSA is a continuous positive airway pressure (CPAP) machine, which keeps your airway open by pumping air through a mask you wear over your mouth and/or nose when you sleep.

Many people have difficulty tolerating CPAP and don't stick with it, however. The good news is that CPAP machines have become smaller and quieter, with more comfortable options available. And for some people with mild (5 to 14 AHI) or even moderate OSA, less invasive alternatives to CPAP may be worth considering.

Common CPAP Alternatives

A dental device designed to move the jaw so that the tongue shifts toward the front of the mouth can help keep the airway open. It's one of the primary alternatives to CPAP, Schwab says, and can also be used with CPAP to help make severe OSA milder.

A dentist who specializes in sleep medicine (find one at dentalsleep.org) will be able to customize its fit to help your breathing without causing harm to your bite or teeth, says Kevin Postol, DDS, president-elect of the American Academy of Dental Sleep Medicine. These custom-made oral appliances can cost between $2,000 and $4,000, according to Schwab, but may be covered by insurance.

There are much cheaper options available online to treat snoring, but experts say these may not help with OSA, and could move teeth out of place or cause jaw issues if they're not properly fitted.

Other Ways to Handle Apnea

› **Position therapy:** For some, sleeping on the back can make OSA dramatically worse. In these cases, switching to side sleeping—using pillows or a tennis ball attached to a shirt back, for example—can sometimes get AHI into the mild range.

› **Tongue trainer:** In 2021, the Food and Drug Administration approved a tongue-stimulating device for mild sleep apnea called eXciteOSA, which people wear for 20 minutes a day for six weeks and then 20 minutes a couple of times a week indefinitely. It costs $1,650 and is not covered by insurance. More research is still needed on its efficacy, Krieger says.

› **Mouth tape:** While it's a popular suggestion that may reduce snoring, taping the mouth shut is not an effective or safe option for people with OSA, Schwab says.

› **Surgery:** Some people who can't tolerate CPAP have upper airway surgery to reduce the size of their soft palate or other tissue in their throat. But such options don't always work, have serious potential complications, and cannot be reversed. So in general, they should not be first-line treatments, Schwab says. A newer option is a surgically implanted device called Inspire. Approved in 2014, it stimulates a nerve that moves your tongue to keep your airway open. Inspire can be removed if it is not tolerated, but it should also be tried only if someone is unable to use CPAP, and it is not an option for everyone. (See **CR.org/inspire**.)

Could This Med Cure Apnea?

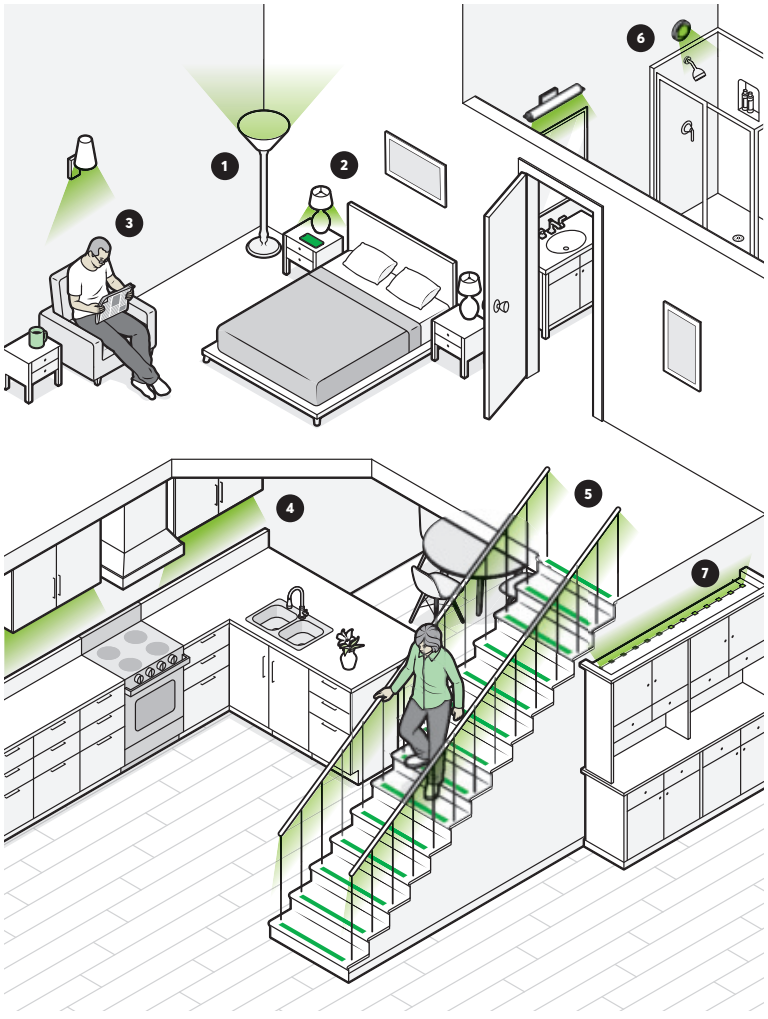
Because sleep apnea is an anatomic disorder, drugs typically have not been effective, says Richard Schwab, MD, of the University of Pennsylvania. But GLP-1 weight loss medications such as Wegovy may be used in the future, perhaps in concert with an oral appliance or airway surgery. That's on the table because obesity is a primary risk factor for OSA: One 2022 study found that for every 7-pound drop in weight, there's a roughly 7 percent drop in AHI. But more research on using these meds for OSA is needed.

PHOTOS: GETTY IMAGES (2)

Tips for Seeing Better at Home

7 strategies for lighting up your kitchen, bathrooms, stairways, and more

AS WE AGE, our pupils become less responsive to light. That means we may need more illumination in some spots—and fixtures and bulbs that cast less glare in others—to reduce fall risks and make tasks like food prep easier. Here are simple changes to improve lighting throughout your house. They're from a CR home expert and Jennifer Brons, a lighting designer and research program director at the Light and Health Research Center at the Mount Sinai Icahn School of Medicine.



1 REPLACE INCANDESCENTS

You might want to switch your incandescent bulbs with LEDs throughout your home. They generally provide better light, they last longer, and they're more efficient. Placing lighting at different levels can also make a big difference. So in rooms that only have ceiling fixtures and feel darker than you'd like, think about adding floor and table lamps or wall sconces.

2 CONSIDER GOING "SMART"

Smart bulbs allow you the convenience of controlling multiple lights at the same time. You can do this with an app on your smartphone or purchase a wireless remote to turn them on and off or dim them altogether. Our pick for easy setup is the **Philips Smart WiFi LED Color and Tunable White A19** bulb.

3 DO THIS FOR BETTER SLEEP

Trouble sleeping? Exposing yourself to bright light in the morning and lower lights in the evening may improve slumber. So, for instance, in the spot where you drink coffee and read the newspaper each morning, make sure there's bright lighting aimed toward you and your reading material. Installing dimmer switches or using smart bulbs can let you increase and reduce brightness with ease.

CR'S EXPERT
Daniel Wroclawski covers smart home devices.

4 PUT A FOCUS ON COUNTERS

Brightening up countertops can make food prep easier. Try adding lighting (such as strip lights) to the undersides of upper cabinets. Attach these on the outside edges of the cabinets to maximize visibility on counters.

5 MAKE IT EASY TO SEE ON STAIRS

Simple DIY options include LED strips or battery powered lights with motion sensors. Placing contrasting treads on the edge of each step is also helpful. Wired lights (for instance, in walls next to stairs) can work too, but they need to be professionally installed.

6 BRIGHTEN UP THE BATHROOM

Make sure your shower or bath area has its own lighting so that you can see properly while bathing. If you don't have a well-lit path from bed to bathroom, add night lights along the route to guide you.

7 MINIMIZE GLARE

Aging eyes have a harder time handling glare. So opt for lights with shades or frosted glass coverings that diffuse light, and avoid bare bulbs. Fixtures that aim light at the walls and ceiling will also reflect and soften light, so try lining the upper side of tall cabinets or of crown molding with lights that point upward.

ILLUSTRATION: CHRIS PHILPOT

On Your Mind

QUESTION OF THE MONTH

I'm hearing a lot about Lp(a). Should I get my level checked?

Not necessarily. Like "bad" LDL cholesterol, high levels of lipoprotein(a) can hike the risk of heart disease, stroke, and stiffening of heart valves—especially in those with inherited high cholesterol or signs of heart disease. Lp(a) isn't measured in routine cholesterol blood tests, but your doctor may add the test if you have peripheral artery disease, heart-valve problems, or a personal or family history of early heart attack or stroke. While a healthy diet and exercise won't reduce Lp(a), experts say taking steps to keep LDL low is important. Certain people may receive apheresis, a blood-filtering therapy.

How can I strengthen my core without situps or crunches?

You can do some core-strengthening exercises while seated. Here are two to try while sitting in a sturdy chair with your back straight and both feet on the floor: **1)** Raise and lower your right and left knees, one at a time. **2)** With your arms hanging down at your sides, bend to the right as far as is comfortable, then sit back up. Repeat on the other side.

I love white potatoes. But are they good for me?

Yes, they are. White potatoes deliver complex carbs, vitamins B6 and C, and potassium. And if you eat the skin, you'll get a bit more than 6 grams of fiber from a medium-sized potato. "There seems to be a lot of fear around eating potatoes, but they can be part of a healthy eating pattern," says Rahaf Al Bochi, RDN, a spokesperson for the Academy of Nutrition and Dietetics. What can trip people up is butter, gravy, and sour cream, or frying potatoes in oil. Try roasting, baking, air-frying, or steaming them, and adding seasonings like oregano and a little olive or avocado oil. Starches like potatoes should take up a maximum of about one-quarter of your plate.

Can I take a fiber supplement with other supplements?

It's generally okay, but it's a good idea to wait an hour between taking a fiber supplement–whether it's in capsule, powder, wafer, or another form–and taking calcium supplements, says Lena Beal, RDN, a spokesperson for the Academy of Nutrition and Dietetics. That's because some studies suggest that a big dose of fiber might interfere with calcium absorption (though the research isn't conclusive). "You could have your calcium supplements at breakfast and fiber at lunch," Beal says. One thing to note: Some types of supplemental fiber may interact with certain medications, so make sure your doctor knows all of the over-the-counter and prescription drugs you're taking regularly.

TALK TO US

HAVE QUESTIONS?
We'll answer those of general interest. Write to CRH, 101 Truman Ave., Yonkers, NY 10703 or go to **CR.org/crh** to contact us by email.

The information in **Consumer Reports On Health** should not substitute for professional or medical advice. Readers should always consult a physician or other professional for treatment and advice.

Receive **12 issues** of Consumer Reports On Health **for just $26**. Go to **CR.org/cronhealth** today!

TO PURCHASE A BACK ISSUE
Send $3 to CRH, 101 Truman Ave., Yonkers, NY 10703.

MANAGE YOUR ACCOUNT
Save time, paper, and postage by updating your address, renewing your newsletter, and giving gifts online at **CR.org/CRHservice**.

NEXT ISSUE

- The Six Best Strategies for Sound Sleep
- Easy Ways to Cut Down on Sodium
- How to Live Well Even If You Have Heart Failure

Explore
Our Free
Magazines